## BINGHAM McCUTCHEN

CENTRAL FAX CENTER

AUG 1 6 2004

## **Facsimile**

DATE: August 16, 2004

NAME

FAX

PHONE

Bingham McCutchen LLP 1900 University Avenue

East Palo Alto, CA 94303-2223

FROM:

Peter C. Mei

(650) 849-4800

703-872-9306

(650) 849-4870

650.849.4400

650.849.4800 fax

peter.mei@bingham.com

(INCLUDING THIS COVER PAGE): 2

Commissioner for Patents

bingham.com

U.S. Serial No. 10/086,277 RE:

Boston

Hartford

MESSAGE:

London

Las Angelos

New York

Orange County Son Francisco

Silican Valley

Tokyo

Walnut Creek

Washington

## BEST AVAILABLE COPY

For transmission problems, please call (650) 849-4825

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. If you are neither the incended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipient(s), you are hereby notified that any unauthorized reading, distribution, copying or disclosure of this transmittal is prohibited. If you have received this transmittal in error, please notify us immediately at (same telephone number as in first paragraph - will duplicate) and return the transmittal to the sender. Thank you.

Timekeeper No:	23257	Client/Matter No:	2555553257	DATE/TIME STAMP
Client/Matter Name:				
Return To:	Bobbie Zimmerman		Floor No: 04	

PTO/SB/122 (06-03)

P1U/SB/122 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## 10/086,277 Application Number CHANGE OF **CORRESPONDENCE ADDRESS** Filling Date February 28, 2002 **Application** Sanjay KALUSKAR First Named Inventor Address to: Art Unit 2172 Commissioner for Patents Examiner Name Jean M. Corrielus P.O. Box 1450 Alexandria, VA 22313-1450: 264/237 Attorney Docket Number

Please change th	ne Correspondence Ad	Idress for the ab	ove-identif	ed applic	ation to:			
Customer Number:		23,639	9					
OR	10							
Firm or Individual N	ame							
Address								
Address			<del></del>					
City		s	State			ZIP		
Country	-					· 		
Telephone			Fax					
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).								
I am the :					,			
	Applicant/Inventor.							
	Assignee of record of the entire interest.  Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
×	Attorney or agent of record. Registration Number 39,768							
	Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Typed or Peter C. Mei Printed Name Bingham McCutchen LLP								
Signature								
Date August 16, 2004 Telephone 650-849-4870								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of forms are submitted.								

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual incomments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.